

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Envato Marketplace</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2020</span>		
Mailing Address 1038 Princeton Dr Ste A			Amount <span style="border: 1px solid black; padding: 2px;">427.00</span>		
City Marina Del Rey		State CA	Zip Code 90292-6680		Transaction ID : 500003185
Purpose of Expenditure Music Licensing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2020</span>	
Name of Federal Candidate BIDEN, JOSEPH, JR.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1016644.99</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>J &amp; Z Strategies</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2020</span>		
Mailing Address 5419 Hollywood Blvd Ste C135			Amount <span style="border: 1px solid black; padding: 2px;">74986.00</span>		
City Los Angeles		State CA	Zip Code 90027-3480		Transaction ID : 500002815
Purpose of Expenditure Literature Mailer Piece		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2020</span>	
Name of Federal Candidate TRUMP, DONALD, J.,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1016644.99</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">75413.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Meiselas, Brett, Adam, ,</u>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2020</span>

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>J &amp; Z Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2020</b>	
Mailing Address 5419 Hollywood Blvd Ste C135		Amount <b>74991.00</b>	
City Los Angeles	State CA	Zip Code 90027-3480	Transaction ID : <b>500002833</b>
Purpose of Expenditure Literature Mailer Piece	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 19 / 2020</b>	
Name of Federal Candidate TRUMP, DONALD, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>J &amp; Z Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2020</b>	
Mailing Address 5419 Hollywood Blvd Ste C135		Amount <b>82350.00</b>	
City Los Angeles	State CA	Zip Code 90027-3480	Transaction ID : <b>500003061</b>
Purpose of Expenditure TV Ad Buy	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 23 / 2020</b>	
Name of Federal Candidate BIDEN, JOSEPH, JR., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>157341.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Adam, ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>MeidasTouch</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00746073	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">M M M</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">D D D</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">Y Y Y Y Y Y Y Y Y Y       </table>	

Full Name of Payee <b>J &amp; Z Strategies</b>		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">24</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Mailing Address 5419 Hollywood Blvd Ste C135		Amount <table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">17580.00</table>	
City Los Angeles	State CA	Zip Code 90027-3480	Transaction ID : 500003184
Purpose of Expenditure TV Ad Buy	Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">10</table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center">23</table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center">2020</table>	
Name of Federal Candidate TRUMP, DONALD, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center"></table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center"></table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center"></table>	
Mailing Address		Amount <table border="1" style="display:inline-table; width:100%; height:20px; text-align:center"></table>	
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center"></table> / <table border="1" style="display:inline-table; width:40px; height:20px; text-align:center"></table> / <table border="1" style="display:inline-table; width:60px; height:20px; text-align:center"></table>
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">17580.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px; text-align:center"></table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%; height:20px; text-align:right">250334.00</table>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Meiselas, Brett, Adam, ,

[Electronically Filed]

Date

 / 
 



 / 
 





Signature